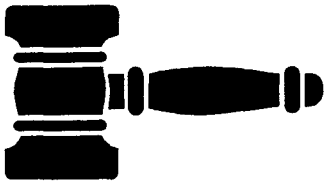
LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

PROGRESS NOTES
Medical Staff

June, 2002 Volume 14, Number 6

In This Issue . . .



From the President

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."
- Aristotle 350BC

Code of Conduct

The civil rights laws of our country now require a clear and explicit document defining discrimination and harassment (including, but not limited to, sexual harassment) which is communicated to every worker in the workplace. All workers should understand that the document will be enforced.

The LVHHN **Code of Conduct** emanated from our Department of Surgery and was adopted by the Medical Executive Committee on May 6, 2002 for the entire network. The elements of this conduct code should be reviewed by every member of the medical staff since we will all be expected to live up to this code. While it is not burdensome, it clearly defines unacceptable workplace behavior.

In addition, every private medical office is a workplace. I suggest that all healthcare providers adopt (after a few modifications) the current LVHHN document for use in their own offices to fulfill their requirements as employers to provide a safe working environment free of harassment and discrimination.

For your information and review, the LVHHN Code of Conduct Policy is attached to this newsletter on pages 23-25.

Life is what happens to you while you are making other plans.
- Anonymous

Quality Improvement

Quality requires that we monitor how well we are achieving some objective. For us, the goal or objective is health for our patients and our community. Healthcare is the tool which we use to achieve that goal. (Comments by Hon. John Kitzhaber, MD, Governor of Oregon)

Continued on next page

Physicians are trained to diagnose and treat illness -- but we are all participants in a process of life-long learning. We should welcome (and own) the standardization of best practices since we are already being standardized by others, but on a financial, not clinical basis. Healthcare is not just another interchangeable economic commodity. As providers, we have a shared responsibility with all the other stakeholders to insure quality cost-effective healthcare, as best we can.

Standardization (reduction in wide variation in practice patterns) will reduce error, improve efficiency and reduce cost. The rule of All and Only – "Each patient gets all they need and only what they need."

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Psychologist – someone who tells you something everyone already knows in language nobody understands.

Consultant – someone who takes the watch off your wrist and tells you the time.

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The Cost Crunch Continues

Most of Pennsylvania's 189 hospitals made money in Fiscal 2001, according to an annual analysis by the Pennsylvania Health Care Cost Containment Council (PHC4). Revenue outstripped expenses in 56 percent of the state's hospitals in the year ended June 30--up from 46 percent a year before, while net patient revenues increased by $1 billion and uncompensated care declined by $18.5 million to $874 million in fiscal 2001, reported the Inquirer.

The Hospital & Healthsystem Association of Pennsylvania cautioned that the improvements were only slight; that hospitals are experiencing worse margins in the first six months this year because of escalating medical liability insurance, rising labor and pharmaceutical costs and increased expenses of bioterrorism preparedness; and that long-term financial trends remain troubling, the Inquirer noted. (Philadelphia Inquirer, April 30, 2002)

While the headline sounds optimistic, the text of the news item indicates that 44% of the hospitals in Pa. broke even or lost money in 2001. This does not bode well for the state of healthcare in Pa.

Gov. Mark Schweiker hopes information gathered at six summits throughout the state this spring will provide a reason why one-third of Pa. hospitals are losing money. (Intelligencer, May 16, 2002)

Note that the squeeze is affecting physicians as well as hospitals:

One of the region's oldest and largest independent multi-specialty physician practices has closed up shop and filed for bankruptcy under Chapter 7. The physician-owned Lansdale Medical Group employed about 40 doctors who specialized in family medicine, pediatrics, internal medicine, cardiology, dermatology, surgery and OB/GYN, reported the Philadelphia Business Journal. April 22, 2002

Thus, we continue in financial struggle in which neither the public sector (state or federal government), the private sector (insurance carriers and managed care) nor the final consumer (the public) is stepping forward to address the inevitable rise in the cost of healthcare. In Economics 101, we learned that rising demand (the sheer numbers of the baby boomers) and limited supply (shortage of healthcare workers) will lead to a rise in price of product in a free market. In healthcare, however, our reimbursement is fixed or falling, and providers will see significant irregularities and perhaps disruptions in the healthcare market in the coming years.

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It is not necessarily the strongest that will survive, nor the most intelligent, but the most adaptable.

- Charles Darwin (Origin of Species)

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Malpractice Status

HB1802 was passed on March 20, 2002 but has not resulted in reductions in premiums as yet. The statute applies to claims made after March 20, 2002 and any premium reductions will not occur until next year. The centerpiece of the act was the creation of a state Patient Safety Authority chaired by the state physician general with five healthcare providers and five residents to review and analyze patient safety data. Mandatory reporting of serious events, incidents, and infrastructure failures is part of the structure and process established by the statute. Healthcare workers must report a serious event within 24 hours, and the institution must report to the Pennsylvania Department of Health and the Patient Safety Authority within 24 hours. The patient must be notified in writing within seven days.

The act also includes a plan for phasing out the CAT fund, stricter standards for expert witnesses and venue changes. Without caps on non-economic damages, it remains to be seen whether Pa. will again become an attractive market for malpractice carriers. Without competition, premiums will likely remain high. The state law did not achieve a fundamental system change, and the Pa. tort system remains an obstacle to patient safety.

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Continued on next page

What lies at the bottom of the ocean and twitches?
A nervous wreck

Medical Records – those Discharge Notes
JCAHO requires that discharge notes for all patients in the ambulatory/outpatient setting must include documentation of the following four elements:

- final diagnosis
- condition upon discharge
- instructions (meds, diet, activity, etc.)
- follow-up plan

With ASU patients, some of these elements are in the discharge pamphlet given to the patient. The ASU staff now copies the discharge pamphlets for inclusion in the chart. The medical record staff will again monitor discharge notes as a quality element in the record.

Please remember that the patient's medical record is a valuable tool in patient care. It allows clinicians to share patient information and coordinate care. It lists all clinical data, and documents the process of diagnosis and treatment.

The term "the whole nine yards" came from the WWII fighter pilots in the South Pacific. When arming their airplanes on the ground, the .50 caliber machine gun ammo belts measured exactly 27 feet, before being loaded into the fuselage. If the pilots fired all their ammunition at a target, it got "the whole nine yards".

Ed

Edward M. Mullin, Jr., MD
Medical Staff President

? ? ? Mystery Medical Staff Member ? ? ?

? Born in Grosse Pointe, Michigan
? Earned Bachelor of Arts degree from Bryn Mawr College
? Graduated from Temple University School of Medicine
? Completed an internship at Lehigh Valley Hospital
? Completed residency at the Hospital of the University of Pennsylvania
? Joined the Medical Staff in 1998
? Father and husband are both physicians
? Mother of two children
? Enjoys exercise

Give up? Please see Page 12 for the answer.

Spotlight on . . .

Donald E. Barilla, MD

Born in Allentown, Pa., Dr. Barilla completed his undergraduate education at St. Joseph's College in Philadelphia, Pa., where he earned a Bachelor of Science degree. He received his medical degree from Hahnemann Medical College of Philadelphia. He completed an internship at The Allentown Hospital where he also completed his Internal Medicine residency. Prior to the completion of his residency, Dr. Barilla served as a Captain in the U.S. Air Force at Charleston Air Force Base, Charleston, SC. He also completed a two-year fellowship in Endocrinology at Southwestern Medical School in Dallas, Texas.

Dr. Barilla is certified by the American Board of Internal Medicine in both Internal Medicine and Endocrinology & Metabolism. He joined the hospital's Division of Endocrinology in 1977, and is in practice with Dr. Larry Merkle. Dr. Barilla has served as a member of the hospital's Research Advisory Committee and the Medical Education Committee. He is a Clinical Associate Professor of Medicine at Pennsylvania State University College of Medicine.

On a more personal note, Dr. Barilla and his wife, Louise, have three children. In his spare time, he enjoys fishing, museums, reading about 14th century history, classical music, and a good cigar.

In conclusion, Dr. Barilla has the following comments to share with his colleagues on the Medical Staff:

"The hospital and medical staff need to work together to keep a maturing medical staff excited about medicine and patient care. We have a quality hospital system and need to promote creative programs while continuing the work of experienced clinicians."

Coding Tip for Cancelled Procedures

When surgery is cancelled, coders need to know the circumstances why the surgery was cancelled. A detailed description in the progress notes describing the reason, (abnormal lab work, reaction to anesthesia, patient's decision to cancel, even delay of OR schedule, etc.) is essential for the coder to use the appropriate cancelled procedure code or reduced services code. Also helpful in the description is whether anesthesia was started when the procedure was cancelled.

LVH-Muhlenberg to Add Open Heart Surgery in June

Lehigh Valley Hospital and Health Network (LVHHN) will launch comprehensive cardiac surgery services at Lehigh Valley Hospital–Muhlenberg on June 3, the same day the first all-digital imaging system in the region "goes live" in that hospital's cardiac catheterization lab. An operating room designed specially for open heart surgery was recently built within the hospital's surgical suite. A second cath lab containing the GE all-digital imaging equipment has been installed in the invasive cardiology suite. These are the first steps in a $13.5 million expansion and improvement of cardiac facilities and services at LVH-Muhlenberg.

Planning is underway for a multi-story building on the LVH-Muhlenberg campus, which will house two new cardiac catheterization/electrophysiology laboratories, patient preparation and recovery areas and inpatient units for recovering open heart surgery and medical cardiology patients, among other services.

Meanwhile, patients will undergo invasive cardiology testing and treatment in the current expanded cath lab and recover from open heart surgery in the existing intensive care unit at LVH-Muhlenberg.

"This project further demonstrates LVHHN's continuing commitment to providing high-quality and easily accessible services to meet the health care needs of our neighbors in Northampton County and the surrounding region," says Elliot J. Sussman, MD, LVHHN's President and CEO.

For more information, call Vince Tallarico, Vice President, Regional Heart Center, at (610) 402-7150.

News from CAPOE Central

"Have an Idea? Just Click the CAPOE Button"

The CAPOE team continues to receive feedback from physicians and other users. A database of all the issues and concerns is maintained and reviewed on a regular basis. While some of the ideas are impossible to implement, many suggestions have resulted in changes to the system. All users are encouraged to continue to provide feedback and suggest improvements.

To facilitate feedback, you will now notice a button that says "CAPOE" on the far right of the upper toolbar on the LastWord screen. Clicking on this button will launch Internet Explorer and present a web-based feedback form. On the form you can type in your ideas, suggestions or issues. If you would like a response or to be notified of the outcome, there is a space for your user number or name. If you leave the field blank, your comments will remain anonymous.

Once you click "SEND" the message will be sent by email to the CAPOE team. I will review each entry and the team will discuss them. Then the appropriate person from the team will respond to the individual who submitted it.

It is hoped you will take advantage of this feature and submit your ideas and comments. It is through the feedback of the physicians and users that improvements are made to the system. I look forward to reading your comments.

Don Levick, MD, MBA
(610) 402-1426 (office)
(610) 402-5100 x7481 (pager)

Magnet Designation

LVHHN has passed another milestone on its quest for Magnet Designation. Magnet status is the highest honor a nursing service can achieve. There are only 50 Magnet hospitals in the country and only one other Magnet hospital in Pennsylvania. LVHHN has passed the written exam, and orals are scheduled for June 10, 11 and 12. Two appraisers from the American Nurses Credentialing Center, a branch of the ANA, will be visiting LVHHN to confirm the materials in the written application. During the time the appraisers spend at LVHHN, they will be visiting patient care units, and interviewing staff nurses and other members of the interdisciplinary care team.

How can you be involved? If you are asked to participate in an interview, consider it an honor. You have been chosen for your expertise and support of nursing. If you are not involved in the scheduled interviews, your support is still needed. As the appraisers visit units and tour our hospitals, they may ask you questions. The Magnet application speaks about collegiality, interdisciplinary approaches to care and employing evidence (research) based knowledge to the care of our patients.

In the past two years, LVHHN has embarked on some innovative interdisciplinary patient care projects, including the PNN projects, the Heart Center and CAPOE. If an appraiser speaks to you, please feel free to discuss any project you have been involved in with nursing and the collegial relationship you have with the nursing staff.

Central Scheduling Departments Consolidate

On Monday, May 13, the scheduling departments at both Lehigh Valley Hospital - Cedar Crest & I-78 and Lehigh Valley Hospital-Muhlenberg consolidated into one location in the School of Nursing at the 17th & Chew site. The single number to call for scheduling is now **(610) 402-8378 (TEST)**.

For the first few months when you call, you will be asked to select Option #1 for scheduling at Cedar Crest & I-78 and 17th & Chew, and Option #2 for scheduling at LVH-Muhlenberg. During these first few months, staff will be cross-trained to provide scheduling services for all three sites. Eventually, the need to select an option for a particular site will be eliminated.

Your patience during this transition is greatly appreciated.

Lehigh Valley Hospital and Health Network
Central Scheduling
"One Number Does It All"

(610) 402-8378 (TEST)
Option #1 - Cedar Crest & I-78 or 17th & Chew
Option #2 - LVH-Muhlenberg

Fax Number: (610) 402-4888

The Wound Healing Center Opens at LVH-Cedar Crest & I-78

The Wound Healing Center will open its second location at LVHHN on June 17 on the second floor of the Jaindl Family Pavilion at LVH-Cedar Crest & I-78. Hours of operation will be Monday through Friday, 8 a.m. to 4:30 p.m.

Like The Wound Healing Center at LVH-Muhlenberg, this facility will treat patients with difficult-to-heal and non-healing wounds, providing:

- Specialized wound care
- Aggressive wound treatment modalities
- Aggressive preventive treatment for the diabetic or neuropathic foot
- Extensive patient and family education

Additional services will include:

- Nutritional counseling
- Financial counseling
- Orthotics and assistive devices
- Social services

Services are covered by most insurance plans. For more information, or to schedule an appointment, please contact: Ginger Holko, RN, BSN, at (484) 884-2989.

Radiology News

Nuclear Medicine

- Due to an acute staff shortage of nuclear medicine technologists at Lehigh Valley Hospital, Cedar Crest & I-78, your patience is both appreciated and requested when scheduling outpatients for nuclear medicine studies. Additionally, members of the medical staff are requested to preferentially order spiral CT scans rather than lung scans at night to rule out pulmonary embolism.

  If you have any questions regarding this issue, please contact Nuclear Medicine at (610) 402-8390 or Robert J. Rienzo, MD, Chief, Section of Nuclear Medicine, at (610) 402-8373.

- The Section of Nuclear Medicine at Lehigh Valley Hospital, Cedar Crest & I-78, has been accredited by the American College of Radiology.

Health Care MBA . . . Online

Beginning in September 2002, the Foundation of the Pennsylvania Medical Society, in partnership with Alvernia College, Reading, will be offering an affordable, primarily online **Health Care MBA** program which focuses on issues of business and medicine.

This intensive 20-month program will offer a series of six-week online courses, as well as three weekend sessions in Harrisburg, and a final session at Alvernia College. Course work includes accounting, management finance, marketing, health care law and ethics, and a humanitarian service project, ending with a capstone leadership seminar. The program concludes in April 2004.

Tuition is $20,000 for Pennsylvania Medical Society members and $22,000 for non-member physicians, including books and materials.

For more information, visit The Foundation of the Pennsylvania Medical Society's web site at www.pmsfoundation.net/mba or call 1-800-228-7823, Ext. 1257.

News from Infection Control

Health Department Alert

The City of Allentown has observed an increase in the number of reported cases of **Hepatitis A**. Many of these cases are members of the gay community, with most being males between the ages of 25-45 years. Distribution of immunoglobulin (IG) to contacts in several cases has been stymied by late reporting. The Department of Health requests that clinicians be on the alert for Hepatitis A cases and to even report suspected cases awaiting confirmation. It is imperative that those who are ill are removed from work if they are food handlers or in high-risk occupations to control the spread of the disease.

The Pennsylvania Department of Health reports that the annual rate of **Syphilis** is at or above the level at which special precautions are to be taken in Lehigh, Allegheny, Bucks, Delaware, Indiana, Mercer, Philadelphia, Westmoreland and York counties. As required by legislation, a test for syphilis is to be offered to: women in the third trimester of pregnancy; women who have delivered a newborn child; and women who have delivered a stillborn child. If the patient does not object to testing, the test shall be performed in accordance with 28 PA Code 27.89. If a pregnant woman objects to testing, the regulation requires the clinician or designee explain to her the need for the test. For women who have just given birth, information relating to the test, or the objection to the test, is to be recorded in both the mother's medical record and in the record of the newborn.

For more information about Hepatitis A and Syphilis testing requirements, please contact Vicky Kistler at the Allentown Health Bureau at (610) 437-7577 or pager (610) 218-3266.

ChloraPrep® One-Step

There will be a new skin antiseptic product included in the triple lumen catheter insertion and redress kits. The product, ChloraPrep® One-Step, is a 2% chlorhexidine gluconate/70% isopropyl alcohol antiseptic and replaces povidone iodine (betadine). The change was initiated after a review of the new Centers for Disease Control and Prevention's (CDC) Draft Guideline for the Prevention of Intravascular Catheter-Related Infections. The CDC designates a 2% chlorhexidine-based preparation as the preferred product for cutaneous antisepsis at catheter insertion sites. The FDA has found that a single 30 second application of ChloraPrep®, using repeated back and forth strikes of the sponge, to be safe and effective on most procedural sites; and a two minute application, again using repeated back and forth strokes, for wet sites (e.g. groin site). It is expected that ChloraPrep ® will be included in other line insertion kits in the near future.

ChloraPrep® is not recommended for use in the following:

- children less than two months of age because of the potential for excessive skin irritation and increased drug absorption (currently being reviewed by the Pediatric Division)
- on patients with known allergies to chlorhexidine gluconate or isopropyl alcohol
- for lumbar puncture or in contact with the meninges
- on open skin wounds or as a general skin cleanser

Warning: The product is flammable. Keep away from fire or flame. Do not use with electrocautery procedures (unless product is dry.)

For more information, contact Deb Fry in Infection Control at (610) 402-0680.

Infection Connection

STETHOSCOPES -- Bugs may be listening on unclean stethoscopes. Clinicians who do not routinely clean or disinfect their stethoscopes between patients may be giving multi drug resistant bacteria a free ride from patient to patient. Please clean your stethoscopes after every use. Alcohol swabs are very effective. Keep a few in your pocket at all times.

PERSONAL PROTECTIVE EQUIPMENT (PPE) -- All PPE must be removed before leaving the work area. This is a requirement of the OSHA Blood Borne Pathogen Standard. This means, no one should be seen in the cafeteria with shoe covers or masks.

Merged Critical Care Flow Sheet

During the first week of May, a new, merged Critical Care Flow Sheet was implemented at both LVH and LVH-M. This form is the culmination of a collaborative effort by the Critical Care Flow Sheet Task Force, composed of nurses from all Critical Care units and physicians.

The changes include:

1. Easier to read graphics.
2. Larger size boxes for documenting drug doses.
3. Inclusion of the Pain Management Flow Sheet.
4. Simplified format for charting patient assessment by exception (consistent with Medical-Surgical documentation). This will decrease narrative documentation.
5. Consistent time frame for starting 24 hour documentation – 0001.
6. Ability to determine which BP's were arterial versus cuff.
7. Elimination of the Graphic Sheet for documenting I&O's.

If you have any questions regarding this issue, please contact Pat Matula, RN, MSN, CVN, Practice Specialist, Professional Development and Outcome Studies, at (610) 402-1733.

KePRO National Clinical Priority Projects

Heart Failure

Lehigh Valley Hospital and Lehigh Valley Hospital–Muhlenberg participated in the National Clinical Priority Project – Heart Failure. The project consisted of the collection of baseline measurement data for the time period of April 1, 1998 to September 30, 1999. The organization was then required to submit an action plan for improvement for various quality indicators. These quality indicators include proportion of heart failure discharges with appropriate use or appropriate non-use of ACE-I inhibitors at discharge, proportion of eligible discharges not admitted on ACE-I or ARB who had ejection fraction evaluated before or during admission, and proportion of discharges not admitted on ACE-I or ARB with documented LVSD who are discharged on ACE-I or have documented reason for not being on ACE-I. Because heart failure represents a significant number of admissions, readmissions and consumes valuable resources, it is imperative that LVHHN continue to measure and develop improvement plans when appropriate for this patient population. The re-measurement time period was April 1, 2000 to December 31, 2000.

Strategies to improve the care provided to this population include preprinted order sets, soon to be implemented in CAPOE, and continual reminders to the medical staff about the quality indicators for this patient population. Continuous monitoring of these indicators affords LVHHN the ability to identify issues and make process changes as needed.

Heart Failure Results

Quality Indicators	Lehigh Valley Hospital		Lehigh Valley Hospital – Muhlenberg		State	
	Pre	Post	Pre	Post	Pre	Post
Proportion of heart failure discharges with appropriate use or appropriate non use of ACE-1 inhibitors at discharge*	91.1	84.8	71.7	84.8	83.4	85
Proportion of eligible discharges not admitted on ACE-1 or ARB who had EF evaluated before or during admission	92.6	80	75.8	85.7	73.6	72.3
Proportion of discharges not admitted on ACE-1 or ARB with documented LVSD who: are discharged on ACE-1 or have documented reason for not being on ACE-1*	72.7	62.5	37.5	75	68.2	73

* Excluding discharges on ARB's.

The Atrial Fibrillation project will be featured in the July issue of ***Medical Staff Progress Notes***.

Update in Pressure Ulcer Management

Pressure ulcers continue to be an issue in the clinical setting, which impact patient outcomes and require investigation of the evidence for best practice. An interdisciplinary team composed of members from Nursing, Physical Therapy, Clinical Information Analyst, Clinical Nutrition, Enterostomal Therapy, Professional Development & Outcome Studies and Center for Educational Development and Support, revised the care standards for both the prevention and treatment of pressure ulcers. A quick reference guide, containing a pictorial chart of pressure ulcer stages and the appropriate treatment regime was distributed to all nursing units, outpatient units and Homecare. These standards permit the nurse to implement specific guidelines for treatment of skin tears and Stage I and II pressure ulcers without a physician order. Guidelines also appear for Stage III, IV and unstageable ulcers but these require a physician order. An ET consult is recommended for wound assessment, specific guideline recommendations for prevention and treatment, monitoring of treatment effectiveness and for recommendations for post-hospital care. A decision tree, describing the indications for specialty beds, was developed and accompanies both standards. A bariatric decision chart was also created to help the staff make appropriate decisions in bed utilization for this population.

The pictorial quick reference guides are available to physicians upon request. To obtain a copy, e-mail the Enterostomal Therapy office (Carol.Balcavage@lvh.com) with your request. Please provide specific mailing instructions. The Standards for Skin Integrity: Prevention and Treatment of Pressure Ulcers with attachments are available on-line in the Clinical Services Patient Care Manual.

For more information, please contact Pat Matula, RN, MSN, CVN, Practice Specialist, Professional Development and Outcome Studies, at (610) 402-1733.

Congratulations!

Mark A. Gittleman, MD, Division of General Surgery, recently received certification in breast ultrasound by the American Society of Breast Surgeons.

Alexander M. Rosenau, DO, Associate Vice Chair and Residency Program Director, Department of Emergency Medicine, was elected to the Board of Directors of the Pennsylvania Chapter of the American College of Emergency Physicians.

Papers, Publications and Presentations

Kelly M. Freed, MD, Division of Diagnostic Radiology, co-authored an article, "Outcome Analysis of Patients with Acute Pancreatitis by Using an Artificial Neural Network," which was published in the April issue of ***Academic Radiology***. The article investigated the use of computer aided diagnosis (an artificial neural network) in the prediction of patient outcome in terms of length of hospital stay in patients with acute pancreatitis.

Mark A. Gittleman, MD, Division of General Surgery, was a participant at a number of meetings over the last two months. On April 6, he was an invited participant in the NAFTA Clinical Trial Advisory Board meeting which was held in Aspen, Colo. From April 13-16, he participated in the spring meeting of the American College of Surgeons, held in San Diego, Calif., where he lectured on Interventional Breast Ultrasound. From April 24-28, Dr. Gittleman participated in the annual meeting of the American Society of Breast Surgeons, which was held in Boston, Mass. He lectured on "Image Guided Breast Biopsy, Coding and Reimbursement." In addition, Dr. Gittleman presented the course, "Breast Ultrasound - The Surgeon's Role," on May 4 in Seattle, Wash., and on May 18 in Detroit, Mich.

Larry R. Glazerman, MD, Division of Primary Obstetrics and Gynecology, co-presented a post-graduate course titled "Business Obstetrics and Gynecology: How to Survive Without an MBA," at The American College of Obstetricians and Gynecologists 50th Annual Clinical Meeting in Los Angeles, Calif. His talk was titled "Computers and the Internet: Applying E-Business Practices to OB/GYN Practice." In addition, he presented a luncheon conference titled "Electric Prenatal Records - Moving OB into the 21st Century."

Dr. Glazerman also presented at TEPR, Toward an Electronic Patient Record, in Seattle, Wash. His presentation was titled "Thinking Out of the Box: Automating the Private Medical Practice."

Herbert L. Hyman, MD, Division of Gastroenterology, spoke to the Pennsylvania Society of Behavioral Medicine and Biofeedback (PSBMB) at their Spring Conference at Jefferson Medical School on May 19, 2002. His topics were: "The Diagnosis and Management of Chronic Fatigue Syndrome and Fibromyalgia" and "The Behavioral Approach in Managing Obesity and its Application to Preventive Oncology."

William F. Iobst, MD, Vice Chairperson for Educational Affairs (LVH) and Residency Program Director, Department of Medicine, and **John Frankenfield**, Center for Education, submitted a project called "Journey Mapping and Reflective Learning: An Internet-Based Portfolio Model for Core Competency Assessment" to the American College of Graduate Medical Education, which was published in their RSVP web page in May.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was the Program Chairman of the XIX Biennial Congress of International Society of University Colon and Rectal Surgeons, held in Osaka, Japan, from April 14-18. The meeting was attended by 750 academic surgeons from over 55 countries. Dr. Khubchandani, who is Director General of the Society , was reelected to the position.

Following the meeting in Japan, a satellite meeting was held in Beijing, China, at the invitation of the Ministry of Health. This provided an exposure to the orthodox indigenous Chinese practice of medicine, including acupuncture.

Marisa A. Mastropietro, MD, Chief, Section of Pelvic Reconstructive Surgery, presented "Reconstructive Pelvic Surgery: Abdominal vs. Laparoscopic vs. Vaginal Approach" at The American College of Obstetricians and Gynecologists 50th Annual Clinical Meeting held in Los Angeles, Calif., in May.

Dr. Mastropietro also had an article, "Transurethral bladder eversion concurrent with uterovaginal prolapse," published in ***Obstetrics & Gynecology***, Vol 99 (5) Part 2, May 2002.

Brian A. Nester, DO, Associate Vice Chair (LVH-M), Department of Emergency Medicine, chaired this year's 29th Annual Scientific Assembly for the Pennsylvania Chapter of the American College of Emergency Physicians held in Harrisburg, Pa., April 22-24. Several other Emergency Department physicians participated in the conference with the following lectures:

- **Jerome C. Deutsch, DO** - "Making the diagnosis of subarachnoid hemorrhage: You've never seen this challenging entity laid out quite like this."

Continued on next page

- **Richard S. MacKenzie, MD**, Vice Chairperson, "Evaluating How Well Your ED Functions: Exploration at the MICRO Level. Don't run your department based on your gut . . . run it based on your data!"
- **John F. McCarthy, DO**, Chief, Section of Prehospital Emergency Medical Services, "The Techno ER doc . . . From Palm Pilots to internet resources . . . these aids can improve your life and the care your provide."
- **David M. Richardson, MD**, "Challenging ECGs: It's 3a.m. and it's all up to you . . . test what you've learned with the 'Rapid-Fire ECGs'."
- **Alexander M. Rosenau, DO**, Associate Vice Chair and Residency Program Director, "'Faster off the Block': Operationalizing the 'Front End'; Moving from Theory to Practice. A look at 'front end' concepts that can get you 'Quicker out of the Box'."
- **Celeste M. Saunders, MD**, "Wellness Breakfast: Enjoying your career in Emergency Medicine. A career in EM can take you many different places . . . and these guys have been there."
- **Michael S. Weinstock, MD**, Chairperson, "Past Success . . . Future Challenges: Unravel the politics, review the work-force study, understand recertification, examine the 'Safety Net' and find an angle for surviving the stress of EM."
- **Charles C. Worrilow, MD**, Director, Education, "M&M Misses and Mistakes: Don't miss the critical learning points in these challenging cases . . . no matter how 'seasoned' you think you are."

Craig J. Sobolewski, MD, Chief of Gynecology and Residency Program Director for the Department of Obstetrics and Gynecology, presented two luncheon courses at The American College of Obstetricians and Gynecologists 50th Annual Clinical Meeting held in Los Angeles, Calif., titled "Avoiding Complications at Laparoscopic Surgery," and "Interstitial Cystitis: A Practical Guide for Gynecologists."

Upcoming Seminars, Conferences and Meetings

GLVIPA Quarterly Membership Meeting

The next quarterly general membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Monday, June 24, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Physicians are encouraged to attend this general informational session. Also, please remember to sign in to receive credit for your attendance.

Computer-Based Training (CBT)

The Information Services department has assumed responsibility for the computer-based training (CBT) programs available to Lehigh Valley Hospital (LVH) staff. CBT programs replace the instructor-led classes previously held at LVH. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Topics covered by the CBT programs include:

Access 97	Windows NT 4
Word 97	GUI Email
PowerPoint 97	Excel 97

Computer-based training takes place in **Suite 401 of the John & Dorothy Morgan Cancer Center** *(the training room)* and in the **Lehigh Valley Hospital-Muhlenberg I/S training room** *(off the front lobby)*. The 2002 schedule of classes is as follows:

2002 CBT sessions for JDMCC, Suite 401:
(All sessions are held from 8 a.m.to noon, unless otherwise noted.)

August 27	September 24
October 22	November 26
December 18 * *(noon to 4 p.m.)*	

2002 CBT sessions for LVH-Muhlenberg, I/S Training Room:
(All sessions are held from noon to 4 p.m., unless otherwise noted.)

June 20	July 18	August 15
September 19	October 17	November 21
December 19 * *(8 a.m. to noon)*		

Twelve seats are available at each session. To register for a session in email, go to either the **Forms_/LVH** or **Forms_/MHC** bulletin board, (based on your choice of site and training room). The form has all the available information in an easy to choose format, detailing titles, dates, times, and locations. Simply do a "Use Form" (a right mouse option) on the **CBT Trng Request for CC Site or CBT Trng Request for MHC site** form. Complete the form indicating your desired session selection and mail the form. Shortly thereafter, you will receive a confirmation notice.

If you have any questions, please contact Information Services by calling the Help Desk at (610) 402-8303 and press option "1." Tell the representative that you need assistance with I/S education.

Continued on next page

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at alternate locations. Topics for June will include:

June 2 - Banko Building, Rooms 1 & 2

- Pediatric Case Review - St. Luke's Emergency Medicine Residency
- "Pediatric Trauma" - John Brennan, MD, Visiting Professor
- "Challenging Pediatric Case Presentations" - John Brennan, MD
- Neurodiseases

June 13 - LVH-M 4th Floor Conference Room

- M & M
- Stomach Disorders Part II
- EKG Interpretation
- Tintinalli (pages 943-986)

June 20 - LVH-M 4th Floor Conference Room

- Overdose
- Medical Command Tapes
- Ultrasound

June 27 - LVH-M 4th Floor Conference Room

- ENT Emergencies
- Environmental Injuries
- Gallbladder, Pancreatitis and Hepatitis
- Tintinalli (pages 987-1027)

For more information, please contact Dawn Yenser in the Department of Emergency Medicine at (484) 884-2888.

Medical Grand Rounds

Medical Grand Rounds are held on Tuesdays beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in June will include:

- June 4 - Third Annual Department of Medicine Residency Research Day
- June 11 - "Cox-2 Technology: Art There Cardiovascular Risks?

Have a great summer! Medical Grand Rounds will resume on September 3, 2002.

For more information, please contact Diane Biernacki in the Department of Medicine at (610) 402-5200.

Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed in June will include:

- June 4 - "International Adoption"
- June 11 - "Bronchopulmonary Dysplasia"
- June 18 - "Case Presentation"
- June 25 - "Substance Abuse"

For more information, please contact Kelli Ripperger in the Department of Pediatrics at (610) 402-2540.

Psychiatry Grand Rounds

"The Importance of Remission in Treating Depression" will be presented on June 20, from noon to 1 p.m., in the Banko Family Center, Rooms 1 and 2.

If you have any questions or for more information, please contact Audrey McLaughlin in the Department of Psychiatry at (484) 884-6501.

The annual meeting of the General Medical Staff will be held on **Monday, June 10**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. Elections will be held for five at-large members of the Medical Executive Committee. All members of the Medical Staff are encouraged to attend.

Who's New

The Who's New section of ***Medical Staff Progress Notes*** contains an update of new appointments, address changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff

Appointments

P. Rao Kondur, MD
Allentown Anesthesia Associates
1245 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6243
(610) 402-9082
Fax: (610) 402-9029
Department of Anesthesiology
Section of Cardiac Anesthesia
Provisional Active
Site of Privileges - LVH & LVH-M

Mehdi Razavi, MD
The Heart Care Group, PC
Jaindl Pavilion, Suite 500
1202 S. Cedar Crest Blvd., P.O. Box 3880
Allentown, PA 18106-0880
(610) 770-2200
Fax: (610) 776-6645
Department of Medicine
Division of Cardiology
Provisional Active
Site of Privileges - LVH & LVH-M

Change of Status

Judith N. Barrett, MD
Department of Family Practice
From: Affiliate
To: Honorary

Domenico Falcone, MD
Department of Anesthesiology
From: Active
To: Honorary

David S. Hyman, MD
Department of Surgery
Division of Ophthalmology
From: Active
To: Honorary

David Prager, MD
Department of Medicine
Division of Hematology-Medical Oncology
From: Active
To: Honorary

One-Year Leave of Absence

Joseph R. Drago, MD
Department of Surgery
Division of Urology
From: Active
To: Active/LOA

Additional One-Year Leave of Absence

Kevin E. Glancy, MD
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Section of Burn

Resignations

Jai H. Cho, MD
Department of Medicine
Division of Neurology

Peter J. Cochrane, MD
Department of Surgery
Division of General Surgery

Michael J. Kareha, DMD
Department of Dental Medicine
Division of Periodontics

Daniel E. Muser, MD
Department of Surgery
Division of Orthopedic Surgery

David A. Prager, MD
Department of Surgery
Division of Otolaryngology-Head & Neck Surgery

Cynthia D. Starr, MD
Department of Medicine
Division of Hematology-Medical Oncology

Continued on next page

John B. Villeneuve, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Gynecologic Oncology

Thomas A. Ward, MD
Department of Surgery
Division of Orthopedic Surgery

David B. Yanoff, MD
Department of Surgery
Division of Orthopedic Surgery

Allied Health Professionals

Change of Supervising Physician

Constance A. Molchany, CRNP
Physician Extender
Professional - CRNP
From: Medical Imaging of LV, PC - James W. Jaffe, MD
To: Healthworks - Basil Dolphin, MD
Site of Privileges - LVH & LVH-M

Resignation

Helene McGuire-Hein, RN
Physician Extender
Professional - RN
(Allentown Family Health Specialists)

Answer to Mystery Medical Staff Member
Serena A. Jung, MD

The Last Word...

Tips and Techniques for the Lastword™ User

June, 2002 – Volume 1, Issue 8

New Expert Rule Assists CAPOE Users

by Carolyn K. Suess, R.N.

With the continued expansion of CAPOE at Lehigh Valley Hospital, the importance of knowing which patients reside on CAPOE units grows in importance. Presently, three units are active (TTU, 6B, and 7B), with 7A scheduled for CAPOE activation for late June 2002.

A new Expert Rule was created for CAPOE users attempting to place orders for a patient bedded on a non-CAPOE unit. When selecting a non-CAPOE patient, clicking on the *Orders* chart tab, and then clicking on the **Add Orders** button, a warning displays like the one shown in Figure 1.

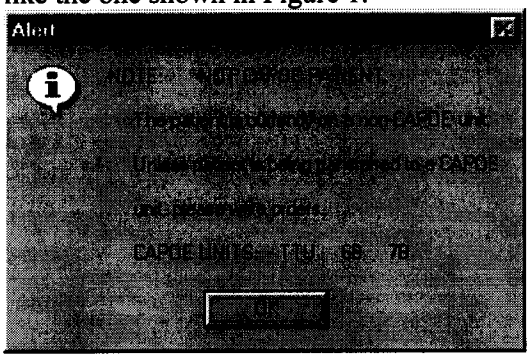

Figure 1 - Non-CAPOE Patient Alert

The warning serves as a reminder to CAPOE users not to enter orders on line for their patient unless they intend to transfer the patient to a CAPOE unit.

So from now on, you need not struggle to recall if your patient is on a CAPOE unit. The system will remind you!

Should you encounter any difficulties or have questions while entering CAPOE orders, please take advantage of the **CAPOE Help Line by dialing ext. 8303, and selecting option #9**. Enter your call back number and expect a return call from the on-call CAPOE trainer/analyst. This service is available 24 hours a day, seven days a week.

If your concerns are not of an urgent nature, feel free to contact one of the Physician Software Educators on staff:

Lynn Corcoran-Stamm – ext. 1425
Kimberlee Szep, R.N. – ext. 1431
Carolyn K. Suess, R.N. – ext. 1416

If you have training needs that pertain only to the Lastword system, please call ext. 1703. Arrangements can be made for training at your convenience.

Practice CAPOE Workstation Now Available for Physicians

by Carolyn K. Suess, R.N.

A new computer workstation has been added to the Medical Staff Lounge at the Cedar Crest campus. The workstation is available exclusively for physicians who wish to "play" with the CAPOE module in the Lastword (Phamis) system.

The workstation is clearly marked so it may be distinguished from the existing workstations in the lounge. Instructions are provided for logging onto the system and accessing CAPOE.

There are three fictitious patients available for selection. CAPOE trained physicians are welcome to practice using the system, and non-CAPOE physicians are encouraged to explore the order entry module as well.

The CAPOE team is interested in receiving your input with regard to the system. Modifications to CAPOE are continually being made as a result of user feedback. Should you have comments, please contact one of the physician software educators on staff:

Lynn Corcoran-Stamm – ext. 1425
Kimberlee Szep, R.N. – ext. 1431
Carolyn K. Suess, R.N. – ext. 1416

All suggestions are welcome.

Graphing Vital Signs in the Lastword Viewer

by Carolyn K. Suess, R.N.

Did you know clinical observations can first be displayed graphically upon opening the Viewer in the Lastword (Phamis) system? **The Edit Category-specific Filters...** option allows anyone to customize his or her Viewer settings in this fashion.

To set the result(s) you wish to graphically display, click on the *Viewer* chart tab on the *Physician Base* screen and select the *Definition Screen* option from the menu. Click on the **Edit Category-specific Filters...** button on the *View Definition* screen.

The *PC Viewer Selection and Sorts* screen opens. Click on the down arrow adjacent to *Graph 1:* in the *Vital Signs* section of the screen (see Figure 2). *The Vital Signs* list opens. From the list, double-click on the desired vital signs you wish to graph. Up to three choices can be entered for graphing. A fourth is available, permitting systolic and diastolic blood pressures to be graphed together.

When your selection is complete, click on the **Save Changes** button. To view your changes, click on the **Display in Viewer** button. To return to the *View Definition* screen, click on the **Back** button.

With your choices saved, henceforth whenever the *Viewer* chart tab is selected graphed results will display first. To view table results, click on the **Table View** button located in the upper left corner to close the graph screen (see Figure 3).

There are several selections with regard to the type of graph you wish to display. Click on any of the tool bar buttons located in the top center portion of the graph screen (see Figure 3). Choices include a line, point, bar, and shaded area graphs.

To learn more about customizing your Viewer settings, please take a moment and

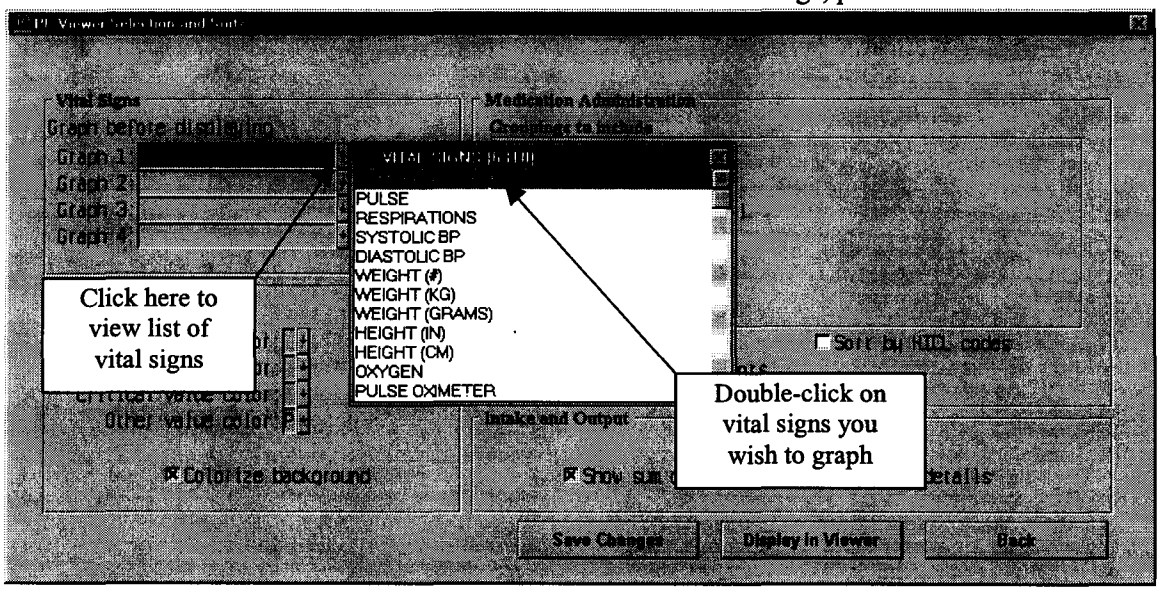

Figure 2 – Viewer Selection and Sorts screen

review the on-line documentation for the Lastword system. Both the CAPOE and Non-CAPOE Physician User Guides can be found on the LVHNN Intranet under the *Resources* heading **Lastword for Physicians.**

If you wish to obtain a paper copy of either document, please contact one of the Physician Software Educators on staff:

Lynn Corcoran-Stamm – ext. 1425
Kimberlee Szep, R.N. – ext. 1431
Carolyn K. Suess, R.N. – ext. 1416

Lynn, Kimberlee and Carolyn will be pleased to assist you.

Expect to See New Portable Wireless Devices

by Carolyn K. Suess, R.N.

Beginning in June, you may notice some new wireless devices in use. Several Fujitsu P1000 LifeBook® devices have been ordered, and will replace existing PenCentra wireless devices.

The LifeBook is comparable in size and weight to the PenCentra. Like the PenCentra, it also has a touch screen. However, in addition the LifeBook has a built in keyboard and joystick. An impressive battery life of approximately **eight hours** provides ample time for hospital rounds. The screen resolution is greater than the PenCentra, comparable to that of a laptop computer.

Rounding with wireless devices such as the LifeBook spares the user from repeatedly logging in and out of the computer system. The user stays connected to the network and carries the device while conducting patient rounds from unit to unit.

Thus far, several physicians have tested the device and have had favorable results. If you are interested in trying the LifeBook as a rounding tool, please contact Dr. Donald Levick at (610) 402-5100 pager ID 7481.

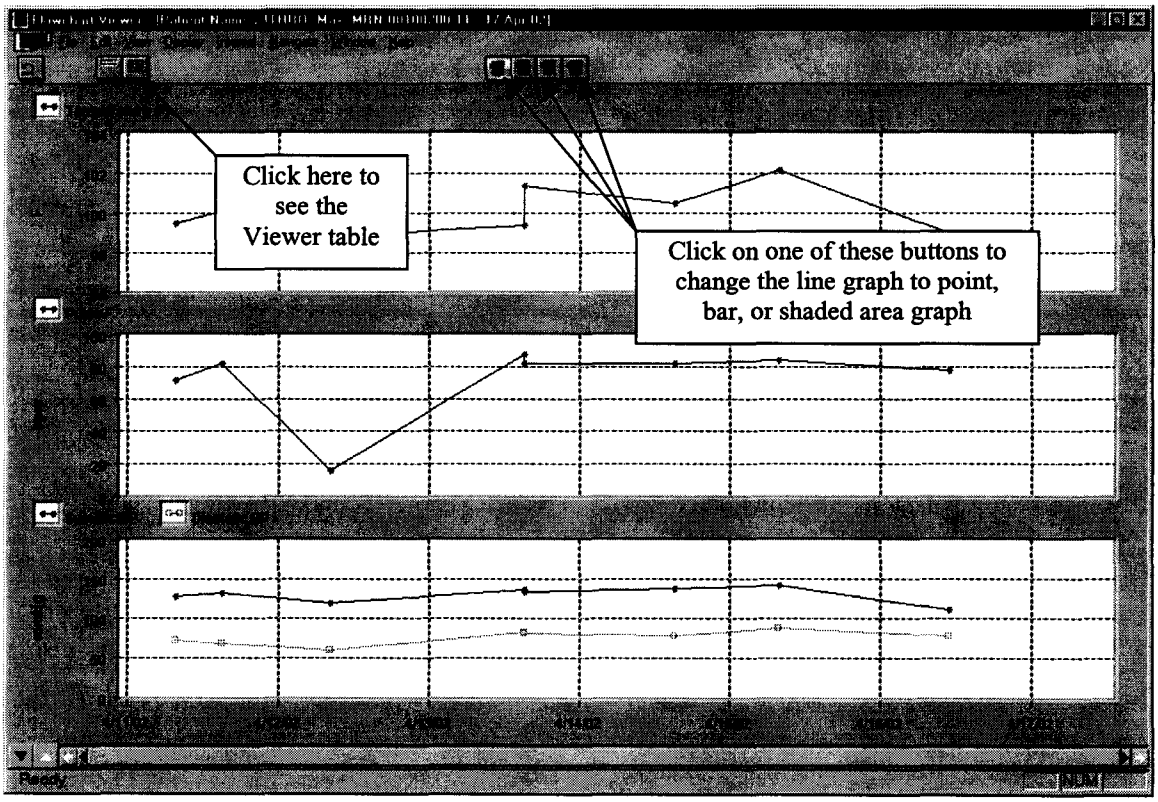

Figure 3 – Viewer graphical display

Nurse Medication Order Entry Begins

by Carolyn K. Suess, R.N.

Beginning last April, nursing staff on TTU, 6B, and 7B have begun entering telephone orders for medications into the Lastword computer system. This measure will continue on all newly implemented CAPOE units.

Specific medications approved for RN medication order entry are:

- **Compassionate Medications** such as analgesics and antiemetics

- **STAT Medications**

- **First doses of antibiotics** (first dose in computer with subsequent order written on order sheet for pharmacy to process)

Physicians are expected to stay on the phone with the RN until completion of the order. Remaining on the phone may avoid having the nurse or pharmacist call back for clarification. This is particularly important if a drug interaction or allergy alert displays during the order entry process. The RN has the opportunity to obtain direction from the physician. If the physician determines that a medication therapy is indicated despite a reaction or interaction, the nurse can add this information as a comment in the order detail screen.

Another consideration is that allergies must be entered into the system prior to entry of medication orders. If there is no patient allergy data, the nurse can obtain this information from the physician while on the phone and enter it first.

This process is streamlined by having the nurse logged onto a workstation with the patient activated at the time a telephone order is taken from the physician. Although there may be extenuating circumstances, the nurse will be logged on prior to the phone call whenever possible.

Having the nurse enter compassionate medications, STAT medications, and first doses of antibiotics directly into the computer, permits the dispensing and administration of these medications to occur far more quickly versus using the "paper" process. It is important to keep in mind that timeliness is imperative with these types of medication orders.

Retract/Error vs. Discontinue for Medication Orders

by Carolyn K. Suess, R.N.

There are two ways to terminate a medication order in CAPOE: **Retract/Error** or **Discontinue**. Understanding the difference between the two is important to CAPOE users, as described in the following paragraphs.

When a medication is mistakenly ordered, *Retract/Error* should be used to terminate the order. By selecting *Retract/Error*, all doses in the nurse's Medication Administration Guide (MAG) are cancelled. If a medication ordered is mistakenly discontinued rather than retracted, the *MAG will display the first dose administration time*. Should this occur, *the physician must contact the pharmacy and nursing staff* to ensure no doses are administered.

When a medication therapy is no longer indicated, *Discontinue* should be used to terminate it. All doses up to the specified "as of" time for the *Discontinue* order appear on the MAG. By specifying an "as of" time, a medication order can be discontinued at a future date/time.

Please remember, if you have questions while using the CAPOE system, please call the **CAPOE Help Line at ext. 8303, option #9**. This service is available 24 hours a day, seven days a week.

RECOMMENDATIONS TO THE BOARDS OF TRUSTEES OF LEHIGH VALLEY HOSPITAL AND LEHIGH VALLEY HOSPITAL-MUHLENBERG FROM THE GENERAL MEDICAL STAFF FOR REVISIONS TO THE MEDICAL STAFF BYLAWS

FROM MEETING OF MARCH 11, 2002

The following proposed revisions have received the recommendation of the Bylaws Committee, the Medical Executive Committee, and the General Medical Staff.

Department, Division and Section Changes

The following is a revised version of the Departments, Divisions, and Sections of the Medical Staff Bylaws (Article XII) as requested by various Chairpersons and Chiefs, and in compliance with the Medical Executive Committee's guidelines concerning departments, divisions and sections:

ARTICLE XII – DEPARTMENTS

SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS

The Departments of the Medical Staff shall be organized as follows:

1. Department of Anesthesiology which shall include the Division of Pain Medicine and the Section of Cardiac Anesthesia.

2. Department of ~~Dentistry~~ Dental Medicine which shall include the following Divisions: Endodontics, General Dentistry, Orthodontics, Pediatric Dentistry, Periodontics, Prosthodontics, and Special Care.

3. Department of Emergency Medicine which shall include the Division of Emergency Medicine and the Section of Pre-hospital Emergency Medical Services.

4. Department of Family Practice which shall include the Sections of Geriatrics and Occupational Medicine.

5. Department of Medicine which shall include the following Divisions: Allergy, Cardiology, Critical Care Medicine, Dermatology, Endocrinology, Gastroenterology, General Internal Medicine, Geriatrics, Hematology-Medical Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary, Physical Medicine-Rehabilitation, and Rheumatology.

   a. The Division of General Internal Medicine shall include the Section of Adolescent Medicine.

6. Department of Obstetrics and Gynecology which shall include the following Divisions: Gynecologic Oncology, Gynecology, Maternal-Fetal Medicine, Obstetrics, Primary Obstetrics and Gynecology, and Reproductive Endocrinology & Infertility.

   a. ~~The Division of Obstetrics shall include the Sections of Maternal-Fetal Medicine and Clinical Inpatient Obstetrics.~~

   b. The Division of Gynecology shall include the Sections of ~~Reproductive Endocrinology & Infertility, Gynecologic Oncology, and~~ Pelvic Reconstructive Surgery.

7. Department of Pathology which shall include the Division of Anatomic Pathology.

   a. The Division of Anatomic Pathology shall include the Sections of Breast Pathology, Cytopathology, Dermatopathology, Forensic Pathology, Gastrointestinal Pathology, Genitourinary Pathology, Gynecologic Pathology, Hematopathology and Clinical Laboratory Medicine, Neuropathology, and Transfusion Medicine and HLA.

8. Department of Pediatrics which shall include the following Divisions: Critical Care Medicine, General Pediatrics, Neonatology, ~~Hospital Based Pediatrics~~, and Pediatric Subspecialties.

   a. The Division of Pediatric Subspecialties shall include the Sections of Allergy, Cardiology, Developmental-Rehabilitation, Endocrinology, Gastroenterology, Genetics, Hematology-Medical Oncology, Neurology, and Pulmonary and Rheumatology.

   ~~b. The Division of Hospital Based Pediatrics shall include the Section of Critical Care Medicine.~~

9. Department of Psychiatry which shall include the following Divisions: Adult Inpatient Psychiatry, Psychiatric Ambulatory Care, and Psychiatric Home Care, and the Sections of Consultation-Liaison Psychiatry and Child-Adolescent Psychiatry.

10. Department of Radiation Oncology.

11. Department of Radiology-Diagnostic Medical Imaging which shall include the Division of Diagnostic Radiology.

    a. The Division of Diagnostic Radiology shall include the Sections of Cardiovascular-Interventional, Chest, Gastrointestinal, Genitourinary, Mammography, Neuroradiology, Nuclear Medicine, Orthopedics, Pediatrics, and Trauma-Emergency Medicine.

12. Department of Surgery which shall include the following Divisions: Cardio-Thoracic Surgery, Colon and Rectal Surgery, General Surgery, Neurological Surgery, Ophthalmology, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology-Head & Neck Surgery, Plastic Surgery, Podiatry, Trauma-Surgical Critical Care, Urology, Vascular Surgery, and Hand Surgery.

    a. The Division of Cardio-Thoracic Surgery shall include the Sections of Thoracic Surgery, and Cardiac Surgery.

    b. The Division of General Surgery shall include the Sections of Pediatric Surgery, Surgical Oncology, and Transplantation Surgery.

    c. The Division of Orthopedic Surgery shall include the Sections of Foot and Ankle Surgery, and Ortho Trauma ~~and Podiatry~~.

    d. The Division of Trauma-Surgical Critical Care shall include the Sections of Burn, Pediatric Trauma, and Trauma Research.

    e. The Division of Neurological Surgery shall include the Section of Neuro Trauma.

    f. The Division of Plastic Surgery shall include the Section of Burn.

Proposed Changes to Rules and Regulations – D, Consultation

These revisions are proposed to better comply with JCAHO Standards defining when Consultations must occur:

D. CONSULTATION

1. Required Consultations:

   ~~Except in emergency,~~ (a) Consultations with ~~another~~ medical staff members ~~of the Medical Staff~~ are required ~~in all cases in which, in a judgment of the physician:~~ when requested by Department Chairperson.

   ~~(a) the patient is not a good risk for operation or treatment; or~~

   ~~(b) the diagnosis is obscure; or~~

   ~~(c) there is doubt as to the best therapeutic measures to be utilized.~~

2. Other Consultations:

   (a) Consultations requested by patients/families. Attempts will be made to honor requests when medically appropriate and reasonably accommodated.

   (b) In the judgment of the physician where additional specific skills of other practitioners are needed to aid in the diagnosis and treatment of a patient.

Proposed Changes to Rules & Regulations – E. Records

Rewording and formatting of this Section was made to better reflect the current Medical Records process since the advent of document imaging and electronic signature and to eliminate redundancies. The revision is as follows. (Appropriate renumbering of paragraphs will occur in final document.)

RULES AND REGULATIONS - E. RECORDS

DELETE
Log no longer exists. ►

8. ~~A Burn Unit adult and pediatric admission log sheet will be maintained as a permanent part of the medical record. This form must be completed and signed by the attending physician. Lack of a physician's signature will result in a chart deficiency.~~

9. The Emergency Department nursing trauma sheet must be signed by a physician or the resident who presided over the treatment of the patient in the Emergency Department. The physician's signature validates the information recorded on the trauma sheet as representative of the physician's verbal orders. Lack of the physician's signature will result in a chart deficiency.

DELETE
A new process has eliminated ► sticker.

10. ~~A skin test sticker form can be applied to the progress notes, providing that the test results are initialed on the sticker by the physician reading the results, or there is documentation in the progress notes to the effect that the results were read. Failure to do so will result in a chart deficiency.~~

. . .

REWORDING & REFORMATTING Of this ¶ to: 1) make it compliant with Residency Rules & Regs and 2) eliminate redundancies found found in ¶'s 16 & 22.

16. Timely completion of the medical record within thirty (30) days is a requirement of the Joint Commission for Accreditation of Health Care Organizations (JCAHO) and the Department of Health (DOH). {The need for timely completion of medical records is necessary for good patient care and appropriate reimbursement of the institution. In accordance with these Bylaws, a temporary suspension of an individual physician/group in the form of withdrawal of all admitting, consultation, treatment and surgical privileges shall be imposed automatically after warning of a delinquency.} ~~The resident will have a total of ten (10) days to complete the discharge summary, in compliance with the rules and regulations of the residency program.~~

Medical Record completion time frame requirements:

¶'s 16 & 22 are combined into #16.

(a) **Discharge Summaries** are to be dictated by the attending physician or his designee at the time of discharge. In the case of a patient transfer to another health care facility, the Discharge Summary or Skilled Nursing Facility Form must accompany the patient upon transfer. If there is a transfer of service occurring five ¶ (5) or more days after admission, the admitting physician shall dictate his or her portion of the Discharge Summary up to the time of transfer to another physician. The discharging physician will, in turn, dictate the Discharge Summary from the time of transfer until patient discharge.

Info underlined is New to this ¶ #16.

(b) **Cancer Staging Sheets** are to be completed by the attending physician or designee within 96 hours of receipt of final pathology report. (Cancer Staging Sheets are required for those visits in which an initial cancer diagnosis is made or during which additional staging occurs.)

(c) **History and Physical Examinations** are to be documented in the medical record no later than twenty-four (24) hours after admission of the patient. Records devoid of an acceptable History/Physical exam at the time of discharge must have the report dictated within 24 hours or the attending will be held responsible.

(d) **Cardiac Catheterization Laboratory Procedure reports** are to be dictated within 96 hours of the performance of the study.

(e) **Operative Reports** are to be dictated or written in the medical record immediately after surgery. Records devoid of an acceptable Operative Report at the time of discharge must have the report dictated within 24 hours or the attending will be held responsible.

(f) **Signatures** are to be completed within fifteen (15) days after the record has been abstracted and made available to the physician by the Medical Record Department.

Info in {} is from ¶ #22.

The attending ~~physician~~ Medical Staff member and/or Allied Health Professional and/or Resident will have ~~an additional~~ fifteen (15) days to complete the charts, after which time the attending physician will be held responsible and his or her admitting, consultation and operating privileges will be suspended. {Warning of a delinquency shall occur one (1) day prior to suspension for failure to complete medical records within fifteen (15) days after the record has been abstracted and made available to the physician by the Medical Records Department. Once a physician/group has completed the delinquent record(s), the emergency, admitting, treatment, consultation and surgical privileges will be immediately reinstated. However, the suspension of elective and urgent admitting privileges will extend from 3:00 p.m. on the day of suspension through 3:00 p.m. on the following day. Sanctions for prolonged or repeated violations of this Section are to be found in the Medical Staff Bylaws of Article VIII, Section D.}

DELETE ▶
This ¶ to be deleted all non-redundant information will be added to ¶ 16.

~~22. The need for timely completion of medical records is necessary for good patient care and appropriate reimbursement of the institution. In accordance with these Bylaws, a temporary suspension of an individual physician/group in the form of withdrawal of all admitting, consultation, treatment and surgical privileges shall be imposed automatically after warning of a delinquency. Warning of a delinquency shall occur one (1) day prior to suspension for failure to complete medical records within fifteen (15) days after the record has been abstracted and made available to the physician by the Medical Records Department. Once a physician/group has completed the delinquent record(s), the emergency, admitting, treatment, consultation and surgical privileges will be immediately reinstated. However, the suspension of elective and urgent admitting privileges will extend from 3:00 p.m. on the day of suspension through 3:00 p.m. on the following day. Sanctions for prolonged or repeated violations of this Section are to be found in the Medical Staff Bylaws of Article VIII, Section D.~~

Bylaws – Section D – Temporary Suspension

The following item is a "Housekeeping" item to maintain consistency with wording changes above:

BYLAWS - SECTION D - TEMPORARY SUSPENSION

1. Temporary suspension of all admitting, treating, consultative and operating privileges of an individual practitioner, or in the case of a group practice, the entire group of practitioners, shall be imposed under the following circumstances:

   (a) Failure to provide a history and physical examination for a patient within twenty-four (24) hours after admission to the Hospital of that patient.

   (b) Failure to dictate the procedure and findings within twenty-four (24) hours after any procedure provided to that patient.

   (c) Failure to complete medical records within fifteen (15) days after the record ~~is placed at the physician's disposal by the Medical Records Department~~ has been abstracted and made available to the physician by the Medical Record Department. A warning of delinquency under this paragraph will be given one (1) day prior to suspension.

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

June 2002

NEWS FROM THE LIBRARY

The main phone number of the library at the CC & I-78 location is 610-402-8410.
Regularly scheduled hours are 8:30 am – 5:00 pm Monday – Friday. This library can provide most services to you, regardless of your location, during the hours listed above.

OVID Instruction.
Contact Barb Iobst at 610-402-8408 to arrange for instruction in the use of OVID's MEDLINE and its other databases.

In anticipation of an increased number of Residents at the Lehigh Valley Hospital-Muhlenberg location, the medical library now has two additional computers.

Recently Acquired Publications.

Library at 17th and Chew Streets

AMA. AMA Guide to Talking to Your Doctor. 2001

Valliant. Aging Well. 2002

Library at CC & I-78 Campus

Alexander. Hurst's The Heart. 2001

Gates. Oncology Nursing Secrets. 2001

Library at LVH-Muhlenberg

Swischuk. Emergency Imaging of the Acutely Ill or Injured Child. 2000

Cassidy. Textbook of Pediatric Rheumatology. 2001

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Future Educational Activity

Joseph A. Miller, MD, Resident Research Day
Friday, June 7, 2002
LVH – CC - Auditorium

Agenda

7:30	Registration
8:00	Opening Remarks
8:05	Welcome Remarks
8:10	Global Issues in Women's Health Timothy R. B. Johnson, MD, FACOG
9:10	Induction of Labor in Postdates Pregnancy: A Retrospective Analysis Lori Johnson, MD
9:40	Analyzation and Association of Degree of Abnormal Lumbar Curvature with degree of Pelvic Organ Prolapse Samuel Ajumobi, MD
10:30	Management of Middle Compartment Pelvic Organ Prolapse G. Rodney Meeks, MD, FACOG
11:30	Resident Evaluations a Predictors of Medical Student Performance on standardized Tests Namita Singh, MD
12:00	Does Cerclage Location Influence Perinatal Outcome? Joseph Meyn, MD
12:30	Closing Remarks

At the completion of this program, the participant will be able to: list prophylactic and therapeutic options for management of middle compartment pelvic organ prolapse; recognize the social, cultural and economic barriers to women's health.

Lehigh Valley Hospital & Health Network has been accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.
Lehigh Valley Hospital & Health Network designates this continuing medical educational activity for a maximum of 4 credit hours of Category I credit toward the Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.
All faculty participating in continuing medical education programs sponsored by Lehigh Valley Hospital and Health Network are expected to disclose to the program audience any real or apparent conflicts of interest related to the content of their presentations.

Call Bonnie at 610-492-2584 to register.

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Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-2584

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 12 noon Colon/Rectal TB JDMCC CR1	4 7am Family Practice GR-JDMCC 1A/B 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	5 12 noon MHC TB OR Conf. Rm	6 8am Emergency Medicine GR LVH-CC Aud 12 noon Combined TB JDMCC CR1	7 7:30 am Resident Research Day CC Aud 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	8
9	10	11 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	12 12 noon MHC TB OR Conf. Rm	13 8am Emergency Medicine GR LVHM-4th Fl Conf Rm 12 noon GI TB JDMCC CR1	14 7am OBGYN GR CC CR1 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	15
16	17 12 noon Colon/Rectal TB JDMCC CR1	18 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	19 12 noon MHC TB OR Conf. Rm	20 8am Emergency Medicine GR LVHM 4th Fl Conf Rm 12 noon ENTTB JDMCC CR1	21 7am OBGYN GR CC CR1 12 noon Breast TB JDMCC CR1	22
23	24	25 12 noon Urology TB JDMCC CR1	26 12 noon MHC TB OR Conf. Rm	27 12 noon Combined TB JDMCC CR1	28 7am OBGYN GR CC CR1 12 noon Breast TB JDMCC CR1	29
30	31					

2002

Policy:
Subject: Code of Conduct

Code of Conduct

I. Policy

It is the policy of the Lehigh Valley Hospital and Health Network that all individuals within its facilities be treated courteously, respectfully, and with dignity. It is the responsibility of every member of Lehigh Valley Hospital and Health Network to act in a manner supporting this organizational statement and its supporting policies. This policy is not meant to suppress free speech or personal opinion.

All behavior will be guided by the principle that everyone shall be treated with respect, courtesy, and dignity without regard to sex, age, religion, race, creed, sexual orientation, color, national origin, disability, or any other basis that would constitute invidious discrimination. All individuals within this facility shall respond to the requests of patients and each other in a courteous and professional manner. In dealing with incidents of inappropriate conduct, the protection of patients, visitors, volunteers, students, employees, Allied Health Professional Staff, Medical Staff, others in the Hospital, and the orderly operation of the Hospital is of paramount concern.

II. Scope

Employees of all LVHN entities and interested parties (such as staff physicians, allied health professional staff, students, volunteers, etc.)

III. Definitions

Disruptive conduct can take many forms. Raised voice, profanity, name-calling, throwing items, abusive treatment of any individual, sexual harassment, disruption of meetings, repeated violations of policies or rules, or behavior that disparages or undermines confidence in the Hospital or its staff may be disruptive conduct.

Unacceptable conduct includes, but is not limited to:

- attacks (verbal or physical) leveled at others, which are personal and/or irrelevant to patient care;
- impertinent and inappropriate written comments or illustrations drawn in patient medical records or other official documents concerning the quality of care being provided by the Hospital or any other individual;
- personal degrading/demeaning comments regarding any individual.

- profanity or similarly offensive language while in the hospital and/or while speaking with patients, families, visitors, volunteers, students, employees, Allied Health Professionals or Medical Staff members.

IV. Procedure

A. Disruptive conduct affects the ability of others to get their jobs done and creates a "hostile work environment" for Hospital students, volunteers, employees, Allied Health Professionals and Medical Staff members.

B. Professional courtesy by all individuals within its facilities is expected at all times.

C. Clinical Services Administrators, Directors and Clinical Department Chairpersons are charged with maintaining a safe, healthful, and productive working environment.

D. Violations of this policy by individuals other than Medical Staff and Allied Health Professional Staff will be reported to and handled by the Administrator or Clinical Services Director in coordination with Human Resources Department and HR *Policy 2000.40 Employee Counseling and Discipline Policy* in a manner consistent with the seriousness of the individuals' actions.

E. Violations of this policy by Medical Staff and Allied Health Professional Staff will be reported to and handled by the Chairperson or designee of their respective department in accordance with the Bylaws of the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg pertaining to corrective action.

F. All reports of unacceptable conduct should be reported verbally to the immediate Director or Administrator of Clinical Services or Clinical Department Chairperson and followed by a written report via Event Reporting process (see Administrative Policy: *"Event Report"*).

G. Employees of Lehigh Valley Hospital and Health Network, can express dissatisfaction with policies through appropriate grievance channels and/or the Ombudsman. Medical Staff and Allied Health Staff may do so through their respective Clinical Department Chairperson.

H. Correction of behavior should be done privately. Intimidation, threats of violence or retribution and cynicism are inappropriate methods of correction.

I. When an unexpected or negative outcome occurs, all individuals should refrain from placing blame. An evaluation will be made to determine if anyone is at fault by the appropriate individuals.

V. Attachments

VI. Distribution

Administrative Policy Manual

VII. Approval

_____	President & CEO	_____
Signature	Title	Date
_____	Medical Staff President	_____
Signature	Title	Date

VIII. Policy Responsibility

Medical Staff Services

In Coordination With:
Human Resources

IX. References

HR Policy 2000.40 Employee Counseling and Discipline Policy
Administrative Policy: Event Report

X. Disclaimer Statement

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements, that make compliance inappropriate. For advice in these circumstances, consult with the department of Risk Management/Legal Services.

XI. Dates

Origination: April 2002

LEHIGH VALLEY
HOSPITAL AND
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Medical Staff Progress Notes **is published monthly to inform the Medical Staff of Lehigh Valley Hospital and employees of important issues concerning the Medical Staff.**

Articles should be submitted to Janet M. Seifert, Physician Relations, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at (610) 402-8590.